

Nova Scotia Health Authority  
SOUTH SHORE REGIONAL HOSPITAL  
90 GLEN ALLAN DRIVE  
BRIDGEWATER , NS  
B4V 3S6

**NAME:** REGION, OF QUEENS MUNICIPALITY  
**ACCT#:** DK0000920/25  
**ADDRESS:** P O BOX 1264  
**ADDRESS:** LIVERPOOL, NS, B0T 1K0  
**PHONE#:** (902)354-7170  
**LOCATION:** SS.LABO  
**SUBMITTING DR:** FAX, 902-354-5038 REGION OF QUE  
**COPIES TO :**

**Specimen:** WT25:W0006295R **Collected:** 19/08/25-0720 **Status:** COMP **Req#:** 15547320  
**Received:** 19/08/25-0915

**Source:** MUNICIPAL

**Sp Desc:** TREATED

**Ordered:** WATER P/A

**Queries:** Analysis Requested Both Total and E.coli  
Sample Information SAMPLE PORT  
Drinking Water Category? GOVERNMENT  
Contact/Mailing Address P O BOX 1264  
Contact/Mailing City/Prov LIVERPOOL NS  
Contact/Mailing Postal Code B0T 1K0  
Contact Telephone Number 9023547170  
Source Address OLD COBBS  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 19/08/25  
Time Refrigerated 0735  
Chlorine Residual 0.8 MG/L 7.6 PH  
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	20/08/25-1442	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

These results relate only to the water sample submitted for testing.

Report authorization is available on request.

For interpretation contact Nova Scotia Environment  
at 1-877-936-8476 or visit  
[www.gov.ns.ca/nse/water/thedroponwater.asp](http://www.gov.ns.ca/nse/water/thedroponwater.asp).

YR - YARMOUTH REGIONAL HOSPITAL

\*\*\*\*\* Test Performed at Yarmouth Regional Hospital LAB \*\*\*\*\*  
Lab Fax (902)749-1576

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**LOCATION:** SS.LABO  
**SUBMITTING DR:** FAX, 902-354-5038 REGION OF QUE  
**COPIES TO :**

**Specimen:** WT25:W0006296R    **Collected:** 19/08/25-0705    **Status:** COMP    **Req#:** 15547333  
**Received:** 19/08/25-0918

**Source:** MUNICIPAL

**Sp Desc:** TREATED

**Ordered:** WATER P/A

**Queries:** Analysis Requested Both Total and E.coli  
 Sample Information SAMPLE PORT  
 Drinking Water Category? GOVERNMENT  
 Contact/Mailing Address P O BOX 1264  
 Contact/Mailing City/Prov LIVERPOOL NS  
 Contact/Mailing Postal Code B0T 1K0  
 Contact Telephone Number 9023547170  
 Source Address BROOKLYN  
 Postal Code B0T 1K0  
 Sample Collected By DD  
 Date Refrigerated 19/08/25  
 Time Refrigerated 0735  
 Chlorine Residual 0.4 MG/L 7.6 PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	20/08/25-1442	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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**SUBMITTING DR:** FAX, 902-354-5038 REGION OF QUE  
**COPIES TO :**

**Specimen:** WT25:W0006297R    **Collected:** 19/08/25-0650    **Status:** COMP    **Req#:** 15547345  
**Received:** 19/08/25-0921

**Source:** MUNICIPAL

**Sp Desc:** TREATED

**Ordered:** WATER P/A

**Queries:** Analysis Requested Both Total and E.coli  
Sample Information SAMPLE PORT  
Drinking Water Category? GOVERNMENT  
Contact/Mailing Address P O BOX 1264  
Contact/Mailing City/Prov LIVERPOOL NS  
Contact/Mailing Postal Code B0T 1K0  
Contact Telephone Number 9023547170  
Source Address WORKS DEPT  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 19/08/25  
Time Refrigerated 0735  
Chlorine Residual 0.70 MG/L 7.8 PH  
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	20/08/25-1442	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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**SUBMITTING DR:** FAX, 902-354-5038 REGION OF QUE  
**COPIES TO :**

**Specimen:** WT25:W0006298R **Collected:** 19/08/25-0735 **Status:** COMP **Req#:** 15547369  
**Received:** 19/08/25-0926

**Source:** MUNICIPAL

**Sp Desc:** TREATED

**Ordered:** WATER P/A

**Queries:** Analysis Requested Both Total and E.coli  
 Sample Information SAMPLE PORT  
 Drinking Water Category? GOVERNMENT  
 Contact/Mailing Address P O BOX 1264  
 Contact/Mailing City/Prov LIVERPOOL NS  
 Contact/Mailing Postal Code B0T 21K  
 Contact Telephone Number 9023547170  
 Source Address SCHOOL ST  
 Postal Code B0T 1K0  
 Sample Collected By DD  
 Date Refrigerated 19/08/25  
 Time Refrigerated 0735  
 Chlorine Residual 0.6 MG/L 7.6 PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	20/08/25-1442	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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**SUBMITTING DR:** FAX, 902-354-5038 REGION OF QUE  
**COPIES TO :**

**Specimen:** WT25:W0006300R    **Collected:** 19/08/25-0620    **Status:** COMP    **Req#:** 15547418  
**Received:** 19/08/25-0929

**Source:** MUNICIPAL

**Sp Desc:** TREATED

**Ordered:** WATER P/A

**Queries:** Analysis Requested Both Total and E.coli  
 Sample Information LABORATORY SINK  
 Drinking Water Category? GOVERNMENT  
 Contact/Mailing Address P O BOX 1264  
 Contact/Mailing City/Prov LIVERPOOL NS  
 Contact/Mailing Postal Code B0T 1K0  
 Contact Telephone Number 9023547170  
 Source Address WATER PLANT  
 Postal Code B0T 1K0  
 Sample Collected By DD  
 Date Refrigerated 19/08/25  
 Time Refrigerated 0735  
 Chlorine Residual 1.3 MG/L 7.6 PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	20/08/25-1442	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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